

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 2876  
Suggested Classification:: 235/379  
Title:: ATM CURRENCY DISPENSER WITH BELT  
TENSIONING ARRANGEMENT  
Attorney Docket Number:: D-1222 R3  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 48  
Small Entity:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name::  
Family Name:: Jones  
Name Suffix::  
City of Residence:: Navarre  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
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City of mailing address:: Navarre  
State or Province of mailing address:: OH  
Country of mailing address:: US  
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Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: H.  
Middle Name:: Thomas  
Family Name:: Graef  
Name Suffix::  
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State or Province of Residence:: OH  
Country of Residence:: US  
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City of mailing address:: Bolivar  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44612

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: Harty  
Name Suffix::  
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Country of Residence:: US  
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State or Province of mailing address:: OH  
Country of mailing address:: US  
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Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: S.  
Family Name:: Johnson  
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Country of Residence:: US  
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Country of mailing address:: US  
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Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name::  
Family Name:: Kontor  
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State or Province of Residence:: OH  
Country of Residence:: US  
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City of mailing address:: Chesterland  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44026

**Correspondence Information**

Correspondence Customer Number:: 28995

**Representative Information**

Representative Customer Number::	28995
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/453,609	03/10/2003

**Assignee Information**

Assignee Name:: Diebold Self-Service Systems  
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH